



Connecticut

Testimony of the National Alliance on Mental Illness (NAMI) Connecticut
Before the Public Health Committee
February 24, 2016

**SUPPORT with comments regarding
Raised HB 5271 AN ACT CONCERNING MENTAL HEALTH TRAINING IN STATE AND LOCAL POLICE
TRAINING PROGRAMS AND THE AVAILABILITY OF PROVIDERS OF MENTAL HEALTH SERVICES ON AN
ON-CALL BASIS**

Dear Senator Gerratana, Representative Ritter and esteemed members of the Public Health Committee,

Thank you for the opportunity to speak before you regarding Raised Bill 5271: An Act Concerning Mental Health Training in State and Local Police Training Programs and the Availability of Providers of Mental Health Services on an On-Call Basis.

My name is Louise Pyers. I am the Criminal Justice Project Coordinator for the National Alliance on Mental Illness, (NAMI) Connecticut. I am also a certified police trainer and the founder of the CT Alliance to Benefit Law Enforcement which has provided Crisis Intervention Team Training, funded by DMHAS, to law enforcement agencies for the past 12 years. In addition, I work with other trainers around the state to provide re-certification training on the topic of Mental Health Awareness.

We commend you for acknowledging that police training on the topics of mental health conditions and developmental disabilities require minimum standards as to the time allotted for this training. As you may already know, the gold-standard for police training on mental illness is the Crisis Intervention Team model or CIT. CIT is a 40 hour block of training focusing on mental health conditions, behavioral health issues including developmental disabilities, legal standards, suicide assessment and prevention, juvenile behavioral health issues, de-escalation strategies tailored for people with behavioral health disorders and forming partnerships with local mental health providers. It is NAMI Connecticut's hope that Crisis Intervention Teams are implemented in every municipal and state law enforcement agency in Connecticut.

CIT works best with a group of volunteers selected from each PD - about 25 % of the patrol force who receive the 40 hour training to respond to mental health calls. They work with their clinical partners in the community (DMHAS funded agencies) to link people in crisis to services rather than arrest whenever possible. To date, 52 law enforcement agencies have operating Crisis Intervention Teams. Another 40 agencies have CIT trained officers, but they do not yet have a policy to effectively institute a Crisis Intervention Team within their agencies.

It is important, however, to make sure that the rest of the patrol force have some basic knowledge on how to most effectively work with people in behavioral health crises and to learn de-escalation strategies that are most effective for these individuals. Proper de-escalation strategies are paramount to safe outcomes for both officers and our citizens. De-escalation training should be part of all basic and recertification training on this topic.

As mentioned earlier, CIT helps to link police departments to their community mental health partners. Officers work and consult with mobile crisis team members or CIT clinicians to determine next steps. While funding does not allow for 24/7 coverage, CIT departments and their partners have worked out strategies for response and follow up, including weekly or monthly meetings.

Given that the CIT program in Connecticut already uses this collaborative police/mental health model which can be readily duplicated in every community, we cannot support an unfunded mandate that would require municipalities to pay for on-call mental health clinicians. Most private mental health clinicians do not have the specialized training needed to work effectively on the street, in people's homes and in the community. Who would be responsible for their supervision? DMHAS mobile crisis teams, CIT clinicians and emergency mobile psychiatric clinicians are trained to deliver this important service for police departments in their catchment areas. Unfortunately, they do not have the funds to operate 24/7. It would make more sense and be less expensive for the state to provide funding to enhance these teams so they could expand their ability to do what they do best.

Respectfully,
Louise Pyers, M.S.